



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:						District Level:	
18 Glacier	0400 Browning Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
60	9	1	36	1.80	84	08/17/04	_____	_____
60	9	11	76	0.95	48	08/17/04	_____	_____
60	9	12	116	1.80	84	08/17/04	_____	_____
60	9	13	32	1.80	84	08/27/04	_____	_____
60	9	14	13	1.80	84	08/17/04	_____	_____
60	9	15	31	1.57	78	08/17/04	_____	_____
60	9	16	13.5	1.80	84	08/17/04	_____	_____
60	9	17	8.4	1.80	84	08/17/04	_____	_____
60	9	18	18.6	1.80	90	08/27/04	_____	_____
60	9	19	110	0.95	36	08/17/04	_____	_____
60	9	2	56	1.80	84	08/17/04	_____	_____
60	9	20	17.5	1.80	84	08/17/04	_____	_____
100	9	21	7.6	1.57	78	08/17/04	_____	_____
60	9	3	106	1.80	81	08/17/04	_____	_____
60	9	4	84	1.57	78	None	_____	_____
60	9	5	130	1.57	72	None	_____	_____
60	9	6	105	0.95	48	08/17/04	_____	_____



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40	9	1	36	1.80	84	08/17/04	_____	_____
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60	15	1-2A	124	1.57	72	07/23/04	_____	_____
60	15	6A	105	1.57	72	07/23/04	_____	_____
60	15	8	16	1.36	64	07/23/04	_____	_____
60	15	five	111	1.36	66	07/22/04	_____	_____
60	15	four	89	1.57	72	07/23/04	_____	_____
60	15	one/two	136	1.57	72	07/23/04	_____	_____
60	15	seven	16	1.36	66	07/23/04	_____	_____
60	15	six	119	1.57	72	07/23/04	_____	_____
60	15	three	97	1.57	72	07/22/04	_____	_____



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